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PATENT APPLICATION FEE DETERM Substitute for Form PTO-87	VATION RECORD Application of Doctor Number
APPLICATION AS FILED - PART I (Column 1) (Column 2)	SMALL ENTITY OR SMALL ENTITY
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BASIO FEE . LOT OFR 1,16(0), (b), of (cf)	
6EÁROH FEE 97 OFR 1.16(1), (1), or (10)	
EXAMBIATION FEE 87 OFR 1.18(4), (b), or (g)	
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33 U.S.U; 41(8)(1)(G), 810 37 OFR 1.18(
MULT PLE-DEPENDENT CLAIM PRESENT (\$7 CFR 1.16(II))	180 360
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 OFR 1.16(0))	<u> </u>
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* If the entry in column 1 is less than the entry in polumn 2, write of in column if the "Highest Number Previously Paid For" IN THIS SPACE is less than 1 the "Highest Number Previously Paid For" (Total or Independent) is the the "Highest Number Previously Paid For" (Total or Independent) is the the Collection of Information is required by 37 CFR 1.16. The Information is required by 37 CFR 1.16. The Information is required by 37 CFR 1.16.	in 3. Q enter "20". enter "3". hest number found in the appropriate box in column 1.

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